## JOSEPH E. KERNAN, GOVERNOR

Name of driver			
Policy expiration date	Policy expiration date		
Policy number			
Driver's license or accident	Driver's license or accident number		
Last six (6) digits of vehicle	Last six (6) digits of vehicle identification number		
Date (month, day, year)	Agent's telephone number		
	Policy expiration date  Policy number  Driver's license or accident  Last six (6) digits of vehicle		

AFFIDAVIT - COMPLETE FOR COMPANY OR RENTAL VEHICLES ONLY			
I,	("A	A <i>FFIANT"</i> ), STATE UNDER	PENALTY OF PERJURY AS FOLLOWS:
1. AFFIANT IS EMPLOYED WI	TH OR VEHICLE REN	NTED FROM: (Company	name, address and telephone number)
ABOVE, THE ABOVE LISTED DRIVER	EITHER: (A) RENTED DAYS OR LESS; OR (	THE ABOVE LISTED VEH (B) OPERATED THE ABOV	I ACCIDENT OR OFFENSE) AS SHOWN HICLE FROM THE COMPANY UNDER A VE LISTED VEHICLE WHICH IS OWNED
SIGNATURE		DATE	COMPANY TELEPHONE NUMBER
		ESULT IN THE SUSPE	